

# Wisconsin Department of Regulation & Licensing

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## DENTISTRY EXAMINING BOARD

### DENTAL FACULTY INFORMATION

#### **Important:**

The board shall grant a license to practice dentistry to an applicant who is *licensed in good standing to practice dentistry in another jurisdiction approved by the board* upon presentation of the license and who submits the following information to the Dentistry Examining Board at the above address:

1. **APPLICATION FOR DENTAL LICENSE (FORM #2650).** Please complete a current application.
2. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Regulation and Licensing.
3. **VERIFICATION OF LICENSURE IN ANOTHER JURISDICTION.** Please request the state/country board where you hold a current dental license to submit a letter of verification to the Wisconsin Dentistry Examining Board. This letter must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. This letter is required in order to complete your application for licensure.
4. **NATIONAL PRACTITIONER DATA BANK.** Applicants must request the "Practitioner Request for Information Disclosure" (Self-Query) from the National Practitioner Data Banks web site: [www.npdb.hipdb.com/welcomesq.html](http://www.npdb.hipdb.com/welcomesq.html). **OPEN THE ENVELOPE** to be certain your application was processed. If processed, mail all contents, including the envelope, to the Dentistry Examining Board at the above address. Further questions regarding this form may be directed to the Data Bank Help Line at 1-800-767-6732.
5. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on the Application for Dental License (Form #2650).
6. **INITIAL INTERVIEW.** Once items 1-6 are complete, this application will be submitted for initial review. You will then be scheduled to appear before the board at the next regularly scheduled meeting.